



Presumptive Eligibility

2014 Qualified Entity Reference Guide

- **Healthy Montana Kids *Plus***
- **Healthy Montana Kids**
- **Parent/Caretaker Relative Medicaid**
- **Pregnant Woman**
- **Former Foster Care Children (ages 18-26)**
- **Breast and Cervical Cancer**

Montana Department of Public Health and Human Services
PO Box 202925, Helena, Montana 59620-2925
1-877-543-7669 (Free call)
FAX 1-877-418-4533

Presumptive Eligibility Public Assistance Programs

The Affordable Care Act implemented new regulations giving hospitals and affiliated facilities participating with Medicaid the option to make Presumptive Eligibility (PE) determinations for special populations. **NOTE:** Employees of County Health Departments or similar facilities who made Presumptive Eligibility determinations for Pregnant Woman coverage prior to December 31, 2013 may continue to make these determinations after January 1, 2014 based on the new training and methodology, but may not make determinations for the other coverage groups.

All providers electing PE must comply with State of Montana requirements for determining PE for the following groups:

- **HMK Plus**, formerly known as Children's Medicaid
 - Children UP TO age 19
- **HMK**, formerly known as Children's Health Insurance Program (CHIP)
 - Children UP TO age 19
- **Parent/Caretaker Relative Medicaid**
 - For individuals who live together and are related by Marriage and/or Parentage.
 - The parent or caretaker relative must have a related dependent child living with them in the home. Dependent children are under age 19.
- **Pregnant Woman**
 - Pregnant women presenting for services prior to delivery
- **Former Foster Care** (Individual Care, up to age 26)
 - For individuals who were in Foster Care and receiving Medicaid at age 18
 - May apply if currently between the ages of 18 and 25 (UP TO age 26)
 - No Income limit or resource/asset test; should be evaluated for PE as an individual even if living in a household with other family members
- **Breast and Cervical Cancer**
 - For women (ages 19 through 64) presenting for services after screening at a designated Montana Breast and Cervical Health Program facility AND after receiving diagnosis and treatment options for breast and/or cervical cancer.
 - A Montana Breast and Cervical Screening Form, Enrollment Form, and the Montana Breast and Cervical Cancer Treatment Program Medicaid Referral form must be presented to be eligible for PE.
 - Income and Household Size do not need to be evaluated for PE since they are reviewed during the Breast and Cervical Cancer Screening process.
 - Applicants cannot have other insurance which covers breast or cervical cancer treatment.

Benefits for each of these groups vary according to the coverage group. **PRESUMPTIVE ELIGIBILITY IS SHORT TERM COVERAGE:** It is only available once every 12 months (OR, once per pregnancy) and lasts from the date of determination until a determination of program eligibility is made, OR until the last day of the month following the month of determination, whichever is earlier.

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Presumptive Eligibility–Streamlining Healthcare for Montanans

Definitions

Applicant – Person making application **OR** (for a child) parent, guardian, or caretaker

Application – The **Presumptive Eligibility Application**

Application for Health Coverage – The “Application for Health Coverage & Help Paying Costs” used to apply for ongoing health coverage with Medicaid, HMK, or HMK **Plus**. ***Appendices A, B, or C may need to be completed if they apply.***

Breast and Cervical Cancer – Women ages 19 through 64 who have been screened and diagnosed with breast or cervical cancer; applicants must present 3 required forms and must not have other insurance which covers cancer treatment.

Determination – Eligibility decision for Presumptive Eligibility (PE) coverage.

Determination Date – The date a presumptive eligibility decision is made by a Qualified Entity.

Eligibility Period – Presumptive Eligibility coverage starts on the date of determination and ends the earlier of: the date a determination of ongoing program eligibility is made, or the end of the month following the month of the PE determination. An applicant may have only one PE period in 12 months, or only one PE period per pregnancy.

Federal Poverty Level (FPL) -- Poverty guidelines for the 48 contiguous states and the District of Columbia as published under the "Annual Update on the HHS Poverty Guidelines" in the Federal Register each year on or about February 15. The FPL is used in combination with household size to determine presumptive eligibility.

Former Foster Care between ages 18 and 26 – Individuals who were *in Foster Care and receiving Medicaid when they turned 18*. May apply for PE if between ages 18 and 25 (until age 26), and should be evaluated for PE as an individual even if living in a household with other family members. No income limits apply.

Healthy Montana Kids (HMK) -- Formerly known as the Children’s Health Insurance Plan/CHIP, HMK serves eligible children UP TO age 19 in households with incomes between 144% and 261% of the FPL.

Healthy Montana Kids Plus (HMK Plus) -- Formerly known as Children’s Medicaid, HMK **Plus** serves eligible children UP TO age 19 in households with incomes between 0 and 143% of the FPL.

Income Calculation Tool – Reference table identifying household size and corresponding maximum income levels for persons or households applying for Presumptive Eligibility.

Parent/Caretaker Relative Medicaid – For individuals living together and related by Marriage and/or Parentage. The parent or caretaker relative must have an eligible related dependent child under age 19 living with them in the home.

Pregnant Woman – Pregnant women presenting for services prior to delivery. The income limit for this category is from 0 to 159% of the FPL. No hard copy verification of pregnancy is required. Covers *ambulatory prenatal care*.

PE Determination – A decision of temporary eligibility is called a **determination**. A Qualified Entity from a healthcare facility **must be trained** by the State of Montana in order to make a PE Determination based on self-attested information provided by an individual or household.



Presumptive Eligibility–Streamlining Healthcare for Montanans

Presumptive Eligibility (PE) – Expedited eligibility process of determining temporary health care coverage for persons eligible for specific public assistance programs.

Proof of Temporary Coverage Letter – Approval notice prepared by a Qualified Entity verifying temporary coverage in a specific public assistance program; used in place of a member ID card.

Qualified Entity (QE) -- Representative of a health care facility trained and certified to make Presumptive Eligibility determinations.

Self-Attestation – An applicant’s sworn statement of the accuracy of the information they provide, such as income, household size and residency, as reported on an application or as a change either verbally, electronically or in writing.

Web Portal – On-line resource site for Qualified Entities and health care providers to check current health care coverage for persons applying for PE (www.mtmedicaid.org)

The Role of a Qualified Entity

Access to health care is critical for uninsured or underinsured persons when faced with sudden, serious, and often very expensive health care needs. Qualified Entities are vital to the Presumptive Eligibility process. As a Qualified Entity, you are trained and certified to make accurate, complete and timely determinations of PE coverage. Once a person(s) is determined eligible for PE, he/she receives temporary health care coverage for a period not to exceed 60 days. Reimbursement for your facility, and the family’s peace of mind depend upon your due diligence and attention to detail. Once you determine a person presumptively eligible, your facility’s services will be paid for covered services on or after the date of your determination, and PE coverage may continue for a period up to the end of the month following the month of determination. If the State later determines a person is/is not eligible for coverage, PE will end at the time of that final determination. If a PE determination is made in error, PE may be denied at the State’s discretion.

Eligibility and Coverage

- Presumptive Eligibility is based primarily on age, status of the applicant(s), and household size and income.
- PE coverage is temporary -- Eligibility begins on the date of determination and ends the last day of the month following the month of determination, or sooner if a determination of ongoing program eligibility is finalized. Facilities **are required** to provide applicants with the ***Application for Coverage and Help Paying Costs*** and ***Appendices A, B, and C***, and assist with completion of application and Appendices if necessary.
- A person may have only one PE period in a twelve month period, or only one PE period per pregnancy.
- Presumptively eligible persons receive the same benefits as a fully covered enrollee in the public assistance program for which they are eligible during the presumptive eligibility period.

Timing

- On the date a person presents for services, or as soon as possible, have the applicant (or a representative) complete the **Presumptive Eligibility Application**. PE coverage begins **on the date of determination**. If eligible, the person has timely coverage, and the facility is reimbursed for covered services.
- The **PE application AND the Proof of Temporary Coverage Form** must be faxed or scanned and emailed to the Human and Community Services **Central Office within 5 days** of making the Presumptive Eligibility Determination. Staff will then finalize the PE enrollment so eligibility information displays correctly on the web portal to generate appropriate reimbursement for services.
- If a PE determination cannot be made on the date a person presents for services or the first day of a hospital stay, an **Application for Health Coverage and Help Paying Costs** should be completed and turned in to the State (with required documentation) during the same month the person receives services. Then, pending an eligibility determination, covered services would apply as of the first of the month the State receives the application OR date of birth (for newborns).

Step 1 – Verify the Person(s) Coverage Status

***Verify if the person has current coverage AND/OR**

***Verify if the person received Presumptive Eligibility within the past twelve months:**

- ❖ **Web Portal - www.mtmedicaid.org (see “Eligibility Spans”, example below)**
- ❖ **FAX Back - 1-800-714-0075**
- ❖ **Automated Voice Response - 1-800-714-0060**

Web Portal Example 1 (Verify if the person has current coverage):

mt.gov
Montana's Official State Website
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Montana Access to Health Web Portal
HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS
Home > Inquiries > Eligibility Inquiry > Eligibility Inquiry Confirm > Eligibility Inquiry Response
Mayo Dermatology

Eligibility Inquiry Response

Client Demographic Information

Client Original ID:	NPI or Provider ID:	0001110902
Client Current ID:	Date of Service:	10/19/2013
Client Member ID:	Valid Request Indicator:	
Name:	Reject Reason Code:	
Address:	Follow-up Action Code:	
City:	Date of Death:	
County Code:	Trace Number:	
State:		
Zip Code:		
Date of Birth:		
Gender Code:		


Eligibility Spans

[About HMK/HMKPlus](#)

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus Basic Coverage		02/01/2012	12/31/2013

**In this example,
the person has
HMK Plus coverage
2/1/12 -12/31/13.**

Web Portal Example 2 (Verify if the person had PE within the past 12 months):



Client Demographic Information

Client Original ID:	NPI or Provider ID:	0001110902
Client Current ID:	Date of Service:	01/15/2014
Client Member ID:	Valid Request Indicator:	
Name:	Reject Reason Code:	
Address:	Follow-up Action Code:	
City:	Date of Death:	
County Code:	Trace Number:	
State:		
Zip Code:		
Date of Birth:		
Gender Code:		

Eligibility Spans

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	OT: Other	HMK/CHIP	Presumptive Eligible	01/15/2014	02/28/2014

In this example, the person had HMK Presumptive Eligibility coverage 1/15/14-2/28/14. This person can't receive PE benefits again until 1/15/2015. However, the applicant should be offered the full "Application for Health Coverage and Help Paying Costs" to complete and submit.



Persons currently covered under Medicaid, HMK, or HMK Plus do not need PE. Those who had PE within the past 12 months (with a PE effective date on or after a year prior to the current date) are not eligible for PE, but the "Application for Health Coverage" should be offered. A pregnant woman may be eligible for PE more than once in 12 months if they are pregnant more than once during that 12-month period.

Step 2 – The Presumptive Eligibility Application

1. Have the **APPLICANT** (or a representative) **complete the Presumptive Eligibility Application as follows:**

• **Applicant Information:**

PRESUMPTIVE ELIGIBILITY (PE) APPLICATION ONLY



This application is used for Presumptive Eligibility (PE) determinations for:

- Children (HMK Plus and HMK)
- Former Foster Care Children, ages 18 up to 26
- Parent/Caretaker Relative Medicaid
- Pregnant Woman
- Breast & Cervical Cancer

For ongoing coverage, applicants may:

- Apply online at www.healthcare.gov; or phone 1-800-318-2596
- Apply online at www.apply.mt.gov or phone 1-888-706-1535
- Apply by mail using a paper *Application for Health Coverage*.
Mail application to: P.O. Box 202925, Helena, MT 59620-2925

Applicant Information – Please PRINT CLEARLY.

First/Last Name:	
Home Address:	City/State/ZIP:
Mailing Address (if Different):	City/State/ZIP:
Home or Cell Phone:	Message Phone:

• **Household Information:**

Household Information – Complete for every person living in the household. List adults first, then children. Social Security Numbers are requested but are not required. *U.S. Citizenship and *Qualified Non-Citizen status **ONLY** need to be included for persons applying for Presumptive Eligibility. **Answer **ONLY** for HMK.

Name (First – Middle Initial – Last)	Relationship to Applicant	Apply for PE* (Y/N)	Social Security Number	Date of Birth (mm/dd/yyyy)	Gender (M/F)	*U.S. Citizen (Y/N)	SEE PAGE 3 ADDENDUM *Qualified Non-Citizen (Y/N)	Montana Resident (Y/N)	**Has Health Insurance (Y/N)
1	(self)								
2									
3									
4									
5									
6									

Is anyone in the household pregnant? ☐ Yes ☐ No If "Yes", who? _____ Date Due _____ How many unborns? _____

Was anyone in Foster Care and receiving Medicaid at age 18? ☐ Yes ☐ No If "Yes", who? _____

Applicant: Please also complete Household Income Information and Signature on Next Page.

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• **Income Information and Signature:**

Household Income Information and Applicant Signature

Earned Income – List this MONTH'S total gross wages before taxes for each person; **Unearned Income** – List all monthly unearned income (i.e., Unemployment, Social Security, Pensions, Interest/Dividends) for each person. (Do not include Child Support or Worker's Comp)

First Name	Earned Income Total	Unearned Income Total	TOTAL (Monthly Gross)

COMBINED TOTAL MONTHLY GROSS INCOME = \$ _____

(Applicant OR Parent/Guardian/Other) – I understand the questions on this application and the penalty for withholding or giving false information. I certify, under penalty of perjury, all my answers are correct and complete to the best of my knowledge. I understand the information provided on this application can be used to establish identity for children under age 16.

Applicant Name _____ Applicant Signature _____
(Please Print)

(Presumptive Eligibility may last 60 days or less and is limited to once every 365 days OR once/pregnancy).

The 3-page application also includes an **Addendum** for immigrants who need information about whether they are a Qualified Non-Citizen. The Addendum does not need to be submitted with the PE application. See the information from the Addendum on the following page.

NOTE: "Has Health Insurance" applies only to those who may qualify for HMK PE coverage, and does not impact those applying for Medicaid coverage.

Application Addendum for Immigrants (Information on Qualified Non-Citizen)

ALL PERSONS WHO ARE IMMIGRANTS NEED TO REVIEW THE FOLLOWING INFORMATION TO DETERMINE IF THEY ARE A QUALIFIED NON-CITIZEN; THEN THEY SHOULD MARK THE APPROPRIATE RESPONSE ON THE PRESUMPTIVE ELIGIBILITY APPLICATION, HOUSEHOLD INFORMATION, COLUMN 8.

Those who are in ANY of the following groups would be considered a Qualified Non-Citizen:

- Lawful Permanent Residents (LPR/Green Card Holder)** -- SEE FURTHER INFORMATION, BELOW
- Asylees
- Refugees
- Cuban/Haitian entrants
- Paroled into the U.S. for at least one year
- Conditional entrant granted before 1980
- Battered non-citizens, spouses, children, or parents
- Victims of trafficking and his or her spouse, child, sibling, or parent or individuals with a pending application for a victim of trafficking visa
- Granted withholding of deportation
- Member of a federally recognized Indian tribe or American Indian born in Canada
- Children lawfully residing in the state of Montana (lawfully present and otherwise eligible for Medicaid or HMK in the state, including being a state resident)

****In order to get Medicaid coverage, under current law most ADULT Lawful Permanent Residents or green card holders have a 5-year waiting period. This means they must wait 5 years after receiving “qualified” immigration status before being eligible for Medicaid. There are also exceptions -- Lawful Permanent Residents who don’t have to wait 5 years -- such as people who used to be refugees or asylees.**

Montana has removed the 5-year waiting period to cover lawfully residing children who are otherwise eligible for Medicaid or HMK. A child is “lawfully residing” if lawfully present and otherwise eligible for Medicaid or HMK in the state (including being a state resident).

NOTE: Immigrants who are qualified non-citizens are generally eligible for Medicaid and Children’s Health Insurance Program (HMK) coverage IF they are otherwise eligible for Medicaid and HMK in the state; that is, if they meet Montana’s income eligibility rules.

QE Evaluates Who Counts in Household Size

Before making a PE Determination, a Qualified Entity needs to evaluate which individuals will be “counted” as part of the Household. The following examples can be referenced for how to count persons in Household Size:

For a Pregnant Woman, include the woman, the unborn child(ren), the father of the unborn (if married and present in the household), and any other children (of the unborn’s married parents) under age 19 who live in the household. Some examples:

- Ann is a single mother with one child and has a significant other in the household. She is pregnant with one child. For this household, count only Ann, her child, and the unborn child (3). Do not count the significant other OR his income because he and Ann are not married.
- Julie and her husband are expecting their first child, and are living in the same household. This household would include Julie, her husband, and the unborn (3).
- Mary and her husband, Bob, have 2 children and Mary is pregnant. They are living in the same household with Mary’s parents, who require living assistance. Count Mary, Bob, their 2 children, and the unborn in this household (5).

For HMK, HMK *Plus*, and Parent/Caretaker Relative Medicaid, include all those on the application connected by Marriage or Parentage who live in the household, along with unborn children, including Natural, Adoptive or Step Parents and birth, adoptive or step children under age 19, as well as unborn children of these persons. DO NOT INCLUDE other adult relatives who file their own tax return. Examples:

- Pamela, her significant other Dan, Pamela’s two children, and Pamela and Dan’s unborn child would be counted as a Household of 4. Dan and his income would not be counted. After the child is born, Dan and his income may be counted for public assistance applications, because Dan is then connected by Parentage.
- Lily, Rose, and Paul live with their maternal grandparents and are not adopted by the grandparents. Only the three children would be counted for this household (and only income the children receive would be used for income purposes).
- Susan has three children, including an 18-year old daughter who just had a baby. Her brother Michael and his son live with Susan and her children and grandchild. Count Susan, her children, and the baby for a household of 5. Michael and his son cannot be counted because they are not connected by Marriage or Parentage.

Household Size does not need to be evaluated for these categories:

- Former Foster Care Children up to Age 26
- Breast and Cervical Cancer

Step 3: Making a PE Determination

Qualified Entities must complete the FOR OFFICE USE ONLY box for ALL PE Determinations.

FOR OFFICE USE ONLY – Qualified Entity must complete all information below:

COMBINED TOTAL MONTHLY GROSS INCOME for Household: \$ _____ ** Household Size _____

(** Compare this amount to the Income Calculation Tool for the appropriate category of applicant(s) based on household size, then finalize determination).

DATE DETERMINED (mm/dd/yyyy) _____ Facility _____

QE Signature _____

QE Name (print) _____

QE Phone _____ QE FAX _____ QE Email _____

Within 5 days of Determination, SCAN application and Proof of Temporary Coverage form, then create a secure ePass account at transfer.mt.gov, and email scanned documents to: HSPresumptive@mt.gov – OR FAX same documents to: 1-877-418-4533.

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Complete the ENTIRE box “FOR OFFICE USE ONLY”. Copy “Combined Total Monthly Gross Income” figure from the applicant’s Income Information box. Count how many persons are in the household and record the number under Family Size in the box shown above. Compare Combined Total Monthly Gross Income to the Current Income Calculation Tool (shown below) based on household size for the program being considered for each individual. Once eligible individuals are identified, enter their names, etc. on the “Proof of Temporary Coverage” form (shown on page 12).


Montana Presumptive Eligibility Income Calculation Tool -- Effective April 1, 2014					
HOUSEHOLD SIZE (See notes at bottom of page for who to count for Household Size)	Maximum Monthly Adjusted Gross Income <u>HMK Plus</u> Ages <19 (Other insurance allowed)	Maximum Monthly Adjusted Gross Income <u>HMK</u> Ages <19 (No other insurance allowed)	Maximum Monthly Adjusted Gross Income <u>Parent/Caretaker Relative Medicaid</u> (Other insurance allowed) (Household <u>MUST</u> have child under age 19 related to adults)	Maximum Monthly Adjusted Gross Income <u>Pregnant Woman</u> (Other insurance allowed)	Maximum Monthly Adjusted Gross Income <u>Former Foster Care Children</u> Ages 18 UPTO 26 (Other insurance allowed) <u>Breast and Cervical Cancer</u> (No other insurance allowed which covers breast or cervical cancer treatment)
1	\$1,439	\$2,587	\$502	\$1,595	N/A
2	\$1,940	\$3,487	\$673	\$2,150	N/A
3	\$2,441	\$4,387	\$843	\$2,705	N/A
4	\$2,942	\$5,287	\$1,015	\$3,260	N/A
5	\$3,442	\$6,187	\$1,186	\$3,814	N/A
6	\$3,943	\$7,087	\$1,358	\$4,369	N/A
7	\$4,444	\$7,987	\$1,530	\$4,924	N/A
8	\$4,944	\$8,887	\$1,700	\$5,479	N/A
9	\$5,445	\$9,787	\$1,821	\$6,034	N/A

WHO TO COUNT FOR HOUSEHOLD SIZE: For Former Foster Care, count only the individual. For Pregnant Women, include the woman, the unborn child(ren), the father of the unborn (if married and present in the household), and any other children (of the unborn's married parents) under age 19 who live in the household. For HMK, HMK Plus, or Parent/Caretaker Relative Medicaid, include all those on the application connected by Marriage or Parentage who live in the household, along with unborn children. Include: parents (natural, adoptive, or step); Dependent children living in the household (birth, adoptive, or step under the age of 19); and unborn children of these persons. A significant other who is the parent of a child(ren) in the household (other than unborns) should be counted. DO NOT INCLUDE other adult relatives who file their own tax return. For Breast and Cervical Cancer, income and household size do not need to be evaluated for PE since they are reviewed during the Breast and Cervical Cancer Screening process.

(Includes calculation of income for each household size based on % appropriate for coverage group PLUS an automatic addition of 5% of 100% FPL according to household size.)

Step 4: Finalizing the PE Process

- Review the PE application to be certain all information is complete. Notify applicant(s) of missing information. Remember, **QEs MUST complete the entire FOR OFFICE USE ONLY box.** Complete the Proof of Temporary Coverage Form AND RETURN IT WITH THE 1ST 2 PAGES OF THE PE APPLICATION either by FAX or SCAN as directed on the Application and/or Proof of Temporary Coverage:



Proof of Temporary Coverage for Presumptive Eligibility

Dear Provider:

The person(s) listed below has temporary health coverage through Presumptive Eligibility (PE). Temporary coverage may last between 30 and 60 days depending on the effective date of coverage shown (below). To ensure payment, providers must verify eligibility prior to providing services and submitting claims. If you have questions concerning Presumptive Eligibility, please call the Human and Community Services office, 1-877-543-7669, ext. 2869 OR ext. 3098.

Verify Presumptive Eligibility via:

- Web Portal at www.mtmedicaid.org (click on *Montana Access to Health* link);
- FAX Back at 1-800-714-0075 (do not FAX the completed PE application to this FAX number); or
- Automated Voice Response at 1-800-714-0060

Services included under temporary coverage are the same as those available under regular program coverage.
NOTE: Social Security Numbers are requested but are not required.

Name (First - Middle Initial - Last)	Social Security Number <u>AND</u> Date of Birth mm/dd/yyyy	Effective Date of Coverage mm/dd/yyyy	Check the appropriate coverage group					
			HMSK Plus	HMSK	Former Foster Care (ages 18 up to 26)	Parent/Caretaker Relative Medicaid	Pregnant Women	Breast & Cervical Cancer

Name of Qualified Entity Determining Presumptive Eligibility (Please Print)

Signature of Qualified Entity

Date

QUALIFIED ENTITY: Within 5 days of Determination, SCAN PE Application and Proof of Temporary Coverage form, then create a secure ePass account at transfer.mt.gov, and email scanned documents to: HHSPresumptive@mt.gov – OR FAX same documents to: 1-877-418-4533.

Human and Community Services Division, State of Montana, PO Box 202925, Helena MT 59620-2925

- **Give a copy of the PE Application and the Proof of Temporary Coverage Letter to the applicant(s) for documentation (PLEASE retain the original documents yourself), along with information about how to access benefit information on line:**

For **HMK Plus (Children’s Medicaid), Parent/Caretaker Relative Medicaid, Pregnant Woman, or Former Foster Care benefit information**, use the following web link:

medicaid.mt.gov/membersguide.pdf

For **Healthy Montana Kids (CHIP) benefit information**, use the following web link:

<http://hmk.mt.gov/hmkresources.shtml>

(click on HMK Member Handbook) medicaid.mt.gov/membersguide.pdf

IMPORTANT! FURTHER APPLICATION ASSISTANCE REQUIRED!

- Explain to applicants they will receive a letter confirming PE within approximately 10 days, then:
- Provide the applicant a copy of the **Application for Health Coverage & Help Paying Costs** and Appendices A, B, or C, if applicable, and
- Refer them to the appropriate contact in your facility who can assist them with completing the application, gathering any materials necessary for submission with the application, AND submission of the application to the State of Montana.

Step 5 -- Follow Up and SCAN or FAX

- **Notify the applicant(s) of your determination, and let them know they will be receiving a letter confirming Presumptive Eligibility within approximately 10 days.**
- **Within 5 days of the date of determination, SCAN the PE application and Proof of Temporary Coverage form, then create a secure ePass account at transfer.mt.gov, and email scanned documents to: HHSPresumptive@mt.gov , OR**
- **FAX the same documents to Central Office at 877-418-4533**
- **Keep your FAX verification sheet or SCAN information as proof the fax was sent in case DPHHS does not receive it. You will receive a faxed copy of the letter notifying the applicant(s) Presumptive Eligibility has been processed within ten days. If you do not receive the letter, call Central Office to confirm your FAX or SCAN was received and processed (877-543-7669).**

Prior to submitting claims, verify the Presumptive Eligibility span is active by:

- ❖ Web Portal - www.mtmedicaid.org (see “Eligibility Spans”)
 - ❖ FAX Back - 1-800-714-0075
 - ❖ Automated Voice Response - 1-800-714-0060
- (For problems verifying coverage, call 1-800-624-3958)

Contact Us

Please call us at any time if you have questions, need training or additional supplies, or need to verify any information about Presumptive Eligibility:

Deb Kiel
406-655-7683
dkiel@mt.gov

Summary of Qualified Entity Responsibilities

Remember, PE coverage begins on the Determination Date.

- As soon as possible after a person presents for services, determine if they are uninsured or underinsured. Check the Web Portal to determine if the person already has or has had PE within the past 12 months, or if coverage already exists. If the person has existing coverage, or has had PE within the past 12 months, STOP. No further action is necessary.
- Provide the **PE Application** for completion.
- Complete the appropriate QE boxes/information on the PE Application AND the Proof of Temporary Coverage form.
- Finalize your determination after evaluating income based on household size.
- Sign and DATE immediately and complete all information requested on the form.
- Be sure the applicant signed the application.
- Give the applicant a copy of the completed PE application, the completed Proof of Temporary Coverage letter, and notification about how to access benefit information on line.
- Provide a Copy of the Application for Health Coverage & Help Paying Costs to the Applicant(s) and arrange for assistance with completion of the form and gathering of required documentation, along with submission to the State of Montana.
- Reinforce with the applicant that the PE application is the first step in applying for ongoing coverage and they may be contacted for additional information if necessary.
- **FAX or SCAN the completed PE Application and Proof of Temporary Coverage form to Central Office within 5 days of date of determination to 877-418-4533.**